

## CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. CIR/DIST/DIV. CODE ALM	2. PERSON REPRESENTED Grimes, Johnnie			VOUCHER NUMBER																																																	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:05-000152-002	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER																																																	
7. IN CASE/MATTER OF (Case Name) U.S. v. Houston Mike Holl		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case																																																	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 846=C M.F -- CONSPIRACY TO MANUFACTURE CONTROLLED SUBSTANCE																																																					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS MADDOX, BRUCE 6825 HALCYON PARK DR MONTGOMERY AL 36117		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel  Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (Specify): _____  Signature of Presiding Judicial Officer or By Order of the Court 07/12/2005      7/12/05 Date of Order      Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																			
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)  Telephone Number: _____																																																					
15. CATEGORIES (Attach itemization of services with dates) <table border="1"> <tr> <td rowspan="8">In Court</td> <td>a. Arraignment and/or Plea</td> <td>1. HOURS CLAIMED</td> <td>2. TOTAL AMOUNT CLAIMED</td> <td>3. MATH/TECH ADJUSTED HOURS</td> <td>4. MATH/TECH ADJUSTED AMOUNT</td> <td>5. ADDITIONAL REVIEW</td> </tr> <tr><td>b. Bail and Detention Hearings</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>c. Motion Hearings</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>d. Trial</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>e. Sentencing Hearings</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>f. Revocation Hearings</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>g. Appeals Court</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>h. Other (Specify on additional sheets)</td><td></td><td></td><td></td><td></td><td></td></tr> </table> (Rate per hour = \$      )      TOTALS:					In Court	a. Arraignment and/or Plea	1. HOURS CLAIMED	2. TOTAL AMOUNT CLAIMED	3. MATH/TECH ADJUSTED HOURS	4. MATH/TECH ADJUSTED AMOUNT	5. ADDITIONAL REVIEW	b. Bail and Detention Hearings						c. Motion Hearings						d. Trial						e. Sentencing Hearings						f. Revocation Hearings						g. Appeals Court						h. Other (Specify on additional sheets)					
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17. TRAVEL EXPENSES (lodging, parking, meals, mileage, etc.)		18. OTHER EXPENSES (other than expert, transcripts, etc.)																																																			
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION																																																
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____      Date: _____																																																					
23. IN COURT COMP.      24. OUT OF COURT COMP.      25. TRAVEL EXPENSES      26. OTHER EXPENSES      27. TOTAL AMT. APPR / CERT  28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER      DATE      28a. JUDGE / MAG. JUDGE CODE																																																					
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34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.				DATE	34a. JUDGE CODE																																																